

Posted 7/10/13
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Docket # 2010-360-T

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2010

REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10)

<p>File the original with:</p> <p>Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199</p>	<p>Mail or fax a copy to:</p> <p>S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815</p>
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DATE:

July 8, 2013

Please consider this as my Request for **Suspension** of:

- ☐ Class C Taxi Certificate Number _____
- ☐ Class C Charter Certificate Number _____
- ☐ Class C Charter Bus Certificate Number _____
- ☒ Non-Emergency Certificate Number 8388
- ☐ Class E Household Goods Certificate Number _____
- ☐ Class E Hazardous Wastes Certificate Number _____

I request that my certificate be suspended until

July 8, 2014

Date: (XX/XX/XXXX)

RECEIVED

JUL 10 2013

TRANS DEPT

RECEIVED

JUL 10 2013

CFT Ambulance Service, Inc. (Name of Company)

(if applicable)

1248 Boiling Spring Rd (Street and or Mailing Address)

Spartanburg, SC 29303 (City, State, Zip Code)

3023128590 (Telephone Number)

Signature and Title, i.e., President, Owner

Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.

Reason for Request for Suspension of Operations:

Business is not making money. We are not able to pay insurance premium. Currently there is no demand.